

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012836</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/07/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WARNER TRANSITIONAL SERVICES, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>11075 N PENNSYLVANIA ST</b> <b>INDIANAPOLIS, IN 46280</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Fire Safety Evaluation System (FSES) Survey and a Post Survey Revisit (PSR) to the Initial Life Safety Code Certification, State Licensure and Quality Assurance Walk-thru Survey conducted on 07/12/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/07/12</p> <p>Facility Number: 012836 Provider Number: 012836 AIM Number: NA</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor,</p> <p>At this FSES survey, Warner Transitional Services, LLC was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2001 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC).</p> <p>This facility is comprised of two buildings of different construction type. The two buildings are separated by a 2 hour fire wall.</p> <p>The one story fully sprinklered main building was</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 constructed in 1991 and was determined to be of Type V (111) construction. The main building has a fire alarm system with smoke detection in corridors, areas open to the corridor and hard wired smoke detectors in 62 of 62 resident rooms. The one story main building was surveyed in accordance with LSC Chapter 19, Existing Health Care Occupancies.  The fully sprinklered two story day program building constructed in 2004 was determined to be of Type III (211) construction. The Day Program building has a fire alarm system with smoke detection in the corridor and spaces open to the corridors. The Day Program building was surveyed in accordance with LSC Chapter 18, New Health Care Occupancies.  The facility has a capacity of 96 and had a census of 0 at the time of this survey.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/22/12.			{K 000}			
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